

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/508725	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/		/				51			
2	/		/				52			
3		2		/			53			
4		2		/			54			
5		2		/			55			
6		2		/			56			
7		2		/			57			
8		2		/			58			
9		2		/			59			
10		2		/			60			
11		2		/			61			
12		2		/			62			
13		2		/			63			
14	/		/				64			
15		/		/			65			
16		/		/			66			
17		/		/			67			
18		/		/			68			
19	/		/				69			
20	/		/				70			
21		/		/			71			
22		/		/			72			
23				/			73			
24				/			74			
25				/			75			
26				/			76			
27				/			77			
28				/			78			
29				/			79			
30				/			80			
31				/			81			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.		↓	5	↓		↓	TOTAL IND.		↓	
TOTAL DEP.		←	27	←		←	TOTAL DEP.		←	
TOTAL CLAIMS			32				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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